



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: INITIAL ELIGIBILITY DETERMINATION POLICY 11.01

Authority: RCW 71A.10.020(2), 71A.10.060, 71A.16
WAC 388-825-030, 388-825-100, 388-825-120

BACKGROUND

The Division of Developmental Disabilities (DDD) provides a variety of services and programs for eligible individuals and their families. The requirements for an applicant's condition to be considered a developmental disability at the time of the initial determination or upon review of eligibility are described under WAC 388-825-030.

PURPOSE

This policy is intended to ensure compliance with RCW 71A.10 and 71A.16 and statewide consistency of procedures for the initial intake and eligibility. Refer to DDD Policy 11.03, *Eligibility Reviews* for procedures regarding eligibility reviews.

SCOPE

This policy applies to all DDD Field Services staff who determine applicants' eligibility and/or ineligibility for DDD services.

POLICY

DDD shall ensure that eligibility processes and decisions are accurate, consistent, and timely, and that all applicants who are determined eligible or ineligible for DDD services are appropriately notified of the decision, and, in the case of denial of eligibility, their right of appeal.

1. Accuracy and consistency will be achieved through the following:
 - a. The authority to make eligibility decisions will be limited to designated, trained staff.

- b. Case Resource Managers (CRM) will not determine eligibility or administer the Inventory for Client and Agency Planning (ICAP) for anyone on their caseloads.
2. Eligibility determinations will be made within ten (10) working days of receipt of the required documentation. If insufficient information is available after thirty (30) days, determine the applicant ineligible based on the available information.

PROCEDURES

A. Initial Contact with the Applicant/Family Representative

1. Information that can be provided by telephone:
 - a. DDD services and the intake process;
 - b. Options for completing application (i.e., telephone, in-person, mail); and
 - c. Availability of assistance and special accommodations to assist with the application process.
2. Information that will be provided to all applicants and their legal representative by mail or in person:
 - a. *Consent to Exchange Confidential Information* form (DSHS 14-012);
 - b. *Notice of Privacy Practice* form (DSHS 03-387);
 - c. *Eligibility for Services* application (DSHS 10-213);
 - d. *Who, What, Where, How? DDD Services and Supports* brochure (DSHS 22-722x);
 - e. *Community Alternatives Program (CAP)* brochure (DSHS 22-605);
 - f. DDD internet address (<http://www1.dshs.wa.gov/ddd/index.shtml>); and
 - g. Documentation needed for eligibility.
3. If the person decides **not** to apply for DDD services, offer to provide referral information to other services.

B. Assisting Applicant to Obtain Documentation

1. Send *Consent to Exchange Confidential Information* form (DSHS 14-012);
2. Track mailing and receipt of information;
3. If no response in thirty (30) days, follow-up with a telephone call; and
4. If there is no information available after sixty (60) days, contact the family for assistance and/or make a determination based on the available information.

C. Reviewing Eligibility Documentation

1. Is there sufficient information to make a decision? If not, notify family, then deny for lack of information or lack of response.
2. Is there evidence of an eligible condition?
3. Did the appropriate professional make the diagnosis?
4. Is there evidence of “substantial handicap” for the eligible condition?
5. Is an ICAP required?

D. Administering the ICAP for Eligibility Under “Other Condition”

1. Identify respondents and require the presence of the applicant for skills demonstration.
2. Provide the respondents with the *Informed Consent for ICAP* (Attachment A) prior to administering the ICAP.
3. Ask the respondents to read and sign the *Declaration of Understanding* (Attachment B).
4. Offer the respondents the opportunity to answer the questions in private.
5. Include the applicant in the discussion, but direct the questions to the respondents.
6. After reaching agreement on the responses, review the completed section with the respondents, and have them initial the bottom of each ICAP section to document their agreement.

- a. If a respondent disagrees with the response DDD has chosen, review the question and response and either change the response or note this on the page with the reason for the difference conclusion.
- b. Ask the applicant to demonstrate or observe the following tasks:

Motor Skills: Items 1 through 10, 13, 14, 17

Social and Communication: Items 1, 2, 3, 6 through 18

Personal Living:

Community Living: Items 5, 10, 12

7. Score the ICAP using the ICAP computer program.
8. Suggested items for ICAP skill demonstration:
 - a. Paper clip
 - Picks up small object
 - Transfers small objects from one hand to another
 - b. Sheet of paper and pen
 - Scribbles or makes with a pencil or crayon on a sheet of paper
 - c. Gum or candy
 - Removes wrappings
 - d. Scissors, thick black marker, and blank paper
 - Cut along a thin black line
 - e. Another blank paper and pen
 - Prints first name, copying from example
 - f. Envelope and previously used paper
 - Folds letter into three equal sections and seals it in an envelope
 - g. Sewing needle and thread
 - Threads a sewing needle
 - Staff cut the thread each time a client tries to thread the needle and staff demonstrate this task.
 - h. Stairs
 - If the ICAP is done in the home and the family has stairs, then staff will

demonstrate up and down stairs by alternating feet from step to step.

- i. Standard round door knob
 - Turns a knob and opens a door
- j. Informal conversation and observation
 - Shakes head or otherwise indicates 'yes' or 'no'
 - Turns head toward speaker when name is called
 - Speaks in three or four word sentences

E. Timeliness

1. Eligibility determination within ten (10) working days of receipt of the required documentation, including the ICAP.
2. Make a reasonable effort to conclude eligibility determinations within ninety (90) days.

F. Notification requirements

1. Call or see the applicant in person to explain the denial of eligibility and the person's right to appeal the decision.
2. Assist the person to appeal if they ask for assistance to do so. For example, if the person is unable to write but wants to send a request for appeal, help the person do so, and refer the person to an advocate or family members for assistance with the appeal process.
3. Per RCW 71A10.060, the applicant and at least one other person will be notified in writing of the eligibility status.
 - a. DSHS/DDD forms will be used to provide eligibility determination notification.
 - b. Enclose a copy of the completed *Application for DDD Services* form (DSHS 14-451) with the notification.
 - c. For children age birth to three years, provide the name and phone number of the Family Resource Coordinator (FRC).
4. Maintain copies of all correspondence and certified mail receipts in the applicant's file and document, sign, and date in the narrative record of the file all

interviews and phone contacts made with, or on behalf of, the applicant.

5. Notification of DDD Eligibility

- a. Send the notification letter (DSHS 10-306);
- b. Check ACES and print out ACES record for the case file; and
- c. Confirm Social Security number from ACES or from the applicant/family representative.

6. Notification of Denial of DDD Eligibility

- a. Send by certified mail to the applicant and one other person the following documents:
 - *Notification of Denial of Eligibility* (DSHS 10-307)
 - *Eligibility for Services WAC* (DSHS 10-213)
 - *Request for Fair Hearing* (DSHS 05-013)
- b. If the certified letter is returned to DDD, re-send by regular mail.

G. Retention of Protected Health Information (PHI)

1. DDD will not retain documentation beyond sixty (60) days for persons determined ineligible.
 - a. This does not apply to records of clients determined ineligible upon review.
 - b. Regions must keep an eligibility log or database.
2. When notifying the applicant of the determination of ineligibility, inform him or her that the department will not keep the information collected.
3. Per the direction of the applicant, return or destroy the intake information after forty-five (45) days, but not more than sixty (60) days, following receipt of the termination letter by the applicant.

SUPERSESSSION

DDD Policy 11.01
Issued April 13, 2000

DDD Policy 11.01
Issued April 8, 1996

DDD Policy 11.01
Issued February 17, 1994

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: 7/1/03

Division of Developmental Disabilities
INFORMED CONSENT FOR ICAP
June 2003

What is the ICAP?

The Inventory for Client and Agency Planning (ICAP) is an assessment tool that assists in determining whether or not an individual is eligible for services with the Division of Developmental Disabilities (DDD). After DDD has determined that the applicant has an "Other Condition" similar to Mental Retardation [WAC 388-825-030 (6) (b)], the ICAP is administered to determine if the applicant has a "substantial handicap" as defined in rule.

Who can administer the ICAP?

The department shall provide and arrange for the administration of the ICAP. The department determines who to use as a "respondent" [WAC 388-825-035(7)].

Who qualifies to be a respondent?

Any parent, teacher or care person who is well acquainted with the person being assessed can provide information needed to complete the ICAP. *"The ICAP is completed by a respondent who has known a client for at least 3 months and who sees him or her on a day-to-day basis."* [The "ICAP Examiner's Manual," chapter 1, under "Materials"]. If there is no one who meets the definition of respondent, the ICAP cannot be administered.

How many respondents can the department use?

The department can use as many respondents as necessary to get complete and accurate information about the applicant's abilities.

Who can complete the ICAP?

"It is not important exactly how or from whom the information is acquired as long as the information about the client and his/her behavior is current and accurate. Several respondents may be consulted..."

What if I know that respondent is being overprotective or deceptive, or if two respondents disagree?

"... If necessary, consult additional respondents (parent, teacher, staff person, or perhaps the client himself) until you are satisfied that the information that you record reflects the client's true behavior in ordinary situations." [“Guidelines for Completing the ICAP/SIB-R Adaptive Behavior Scale,” written by Brad Hill]

Can the applicant be asked to answer questions or demonstrate some of the tasks?

The applicant may be consulted or asked to demonstrate some tasks to validate the responses.

"In order for the result to be valid, it is necessary that the information recorded reflects the client's true behavior in ordinary situations. Information may be obtained from the

ICAP booklet, from interviews using the booklet, or even from asking the client to perform an item. It was not intended that this be a performance test, but, if necessary, it is appropriate to use performance data in conjunction with information provided by a respondent.” [Feb 26, 2003 email from Brad Hill to Sue Poltl, DDD Eligibility Program Manager.]

What is the respondent required to do?

The respondent is required to answer each statement on the ICAP with one of four responses that best identifies the individual’s capabilities. The following is a summary of these responses:

- | | |
|-------------------------------|--|
| <u>Never or Rarely (0)</u> | Indicates the task is too hard, or the person is not permitted to do the task because it is not safe. The person never or rarely performs all parts of the task without help even if asked. If the person attempts all parts and is partially proficient on the task, you must select a rating of 1 or 2. |
| <u>Does, But Not Well (1)</u> | The individual sometimes performs the task without help but does not do it well. Although he/she tried to do all parts of the task without help or supervision, the result is not good. It is all right if he/she needs to be asked or reminded. The person does the task about 25 percent of the time. |
| <u>Does Fairly Well (2)</u> | The individual performs the task reasonably well without help or supervision. Although the person has not completely mastered the task, he/she can do all parts of it. It is all right if he/she needs to be asked or reminded. The person does the task about 75 percent of the time. |
| <u>Does Very Well (3)</u> | Indicates complete independence on an item. The person has either mastered the skill, or the skill is too easy for him/her. The person does the task completely and very well without any help or supervision from anyone and knows when it is necessary to do the tasks without being asked or reminded. He/she does the task very well--always or almost always. |

Do the ICAP Adaptive Behavior sections assess behavior problems?

The following information is from Brad Hill’s online “Guidelines for Completing the ICAP/SIB-R Adaptive Behavior Scale.” [<http://www.cpinternet.com/~bhill/icap/>]

“The focus of the ICAP adaptive behavior section is on ability. Someone who, if tired, angry or impetuous sometimes refuses to perform a task might still be rated ‘Does well without being asked’ if the skill is within the person’s ability and is usually performed well. If the refusal is persistent but applies only to a few specific adaptive tasks, at most it may decrease the client’s adaptive rating by one point on these specific items.

Behaviors that interfere with a client's day-to-day activities or with the activities of those around him/her should be rated as behavior problems, not as a lack of adaptive behavior. Refusal to perform necessary tasks that are within the person's ability, sometimes called non-compliance or uncooperative behavior, may be recorded in the problem behavior section of the ICAP if the refusal is common enough to create a persistent problem across many adaptive skills. In this case a client's uncooperativeness would not detract from his/her adaptive behavior item scores, which should be rated on the basis of ability rather than cooperation."

Is the applicant required to be present during the ICAP?

The applicant can choose to be present or leave the room at any time, or to respond in private or in the presence of other participants. It is important that the respondent provide accurate information so the respondent needs to inform the department if there is something interfering with their being truthful and candid.

How is the ICAP scored? The ICAP responses are entered into a computer. A computer program calculates the standard score for each of the four adaptive skills sections, taking the applicant's age into account.

How does the ICAP impact the eligibility decision?

Per WAC 388-825-030(6) (b)(iii), to meet the definition of "substantial handicap" for "Other Condition" the applicant must achieve an ICAP standard score of less than 70 in each of the four domains of adaptive behavior.

DECLARATION OF UNDERSTANDING

RE: Applicant _____

I have read and understand “Informed Consent for ICAP.”

I received and reviewed the document “Guidelines for Completing the ICAP/SIB-R Adaptive Behavior Scale.”

I understand that the responses that I provide must be accurate and will be used in assessing eligibility for services from the Division of Developmental Disabilities.

I understand that the individual being assessed may or may not meet the criteria for eligibility for services from DDD.

I have had every opportunity to ask questions and all of my questions have been answered to my satisfaction.

Respondent Signature

Date

DSHS/DDD Representative

Date